

PSJ1 Exh 15

Chapter One

Introduction to Pharmacy

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EXHIBIT**Mooney 1**

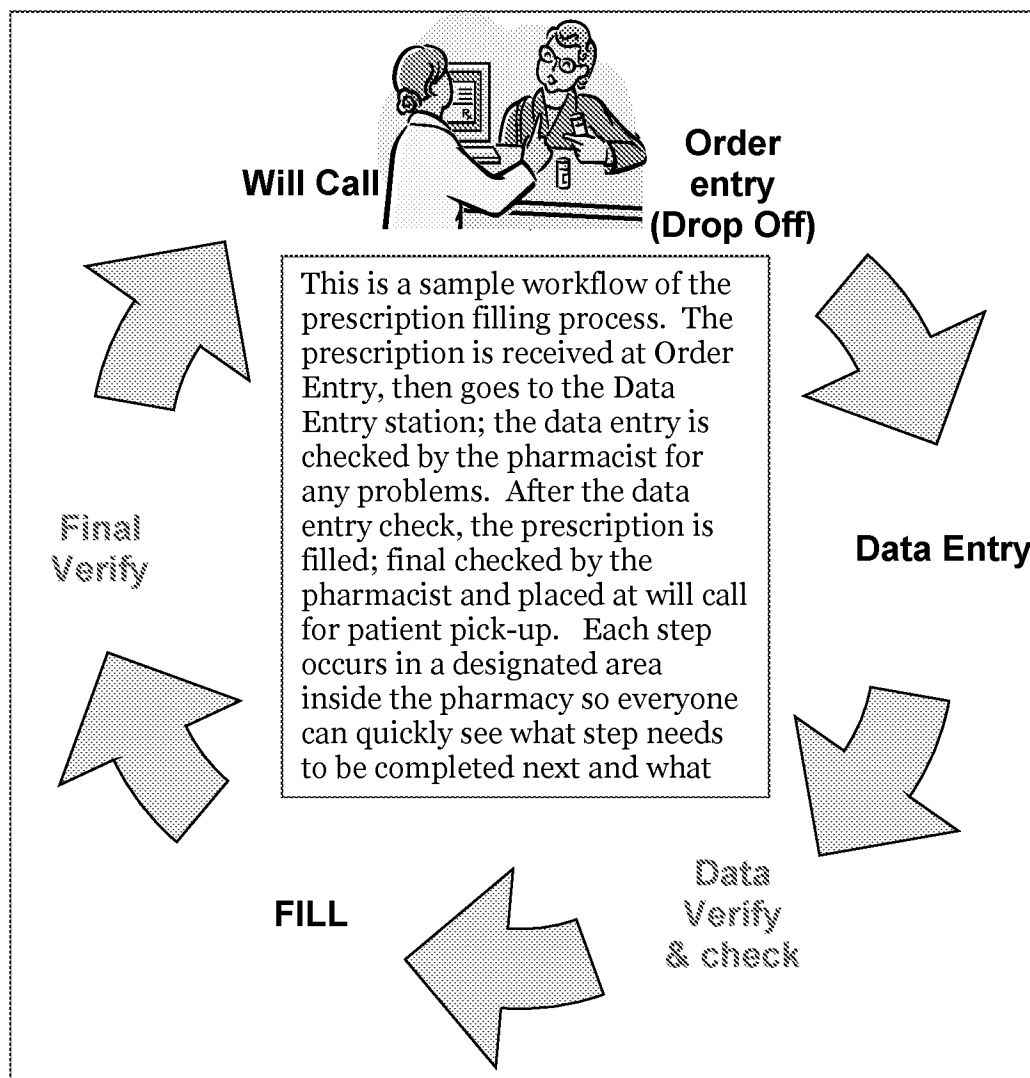
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3. Workflow

Most of our pharmacies are very busy and sometimes hectic places. Both efficiency and accuracy are very important to keep. Workflow is the flow of the process from drop-off to pick-up. It includes both where the next job is performed and also what work is done at each area of the pharmacy. It allows people working to know where to look for any prescription in process even if they were not there when the process was started.

3.1 Prescription Process Workflow

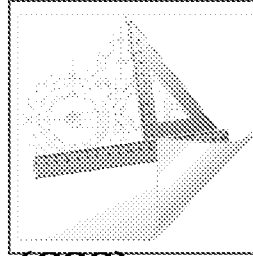
The workflow of the prescription filling process is a description of each step in filling a prescription, an assignment of where each step occurs and the order of each step.



5. Customer Service Measurements

The only way to know how we are doing with customer service is to measure our service results. We have several measurements we use to help us determine how well we are serving our customers. They include:

- Customer Service Scorecards
- Complements to Complaints Ratios
- Mystery Shoppers
- Que 2
- Presorted Promise Time (PPT)



5.1 Customer Service Scorecards (CSS)

Customer service scorecards are surveys we perform on random customers on a daily basis to ask how they enjoyed shopping at our store. This is usually done by flagging a receipt and asking a customer to call an 800 number to answer a survey. To encourage customers to call, every week there is a drawing for a \$100 gift card from those who answered the survey (team members are not eligible). The results are tabulated quarterly and reported to all departments.

5.2 Complements to Complaints Ratios

All feedback that is submitted to our Customer Care Department is recorded and categorized. Calls that the team member has no control over (hours of operation, organization of the shelves, etc.) are filtered out and the rest are tabulated to find our complement to complaint ratio. Our goal is to have a 1:1 ratio.

5.3 Mystery Shoppers

To get a perspective from our customer's viewpoint, Giant Eagle uses mystery shoppers to go to our stores with a specific list of activities and observations. We use the feedback they provide to both rate our service and to find ways to improve.

5.4 Que 2

Every time you ring a sale at the will call area of the pharmacy, the register asks you to record how many people are in line. This tool helps us write schedules to minimize our wait times at the register. You will learn more about Que 2 in the register chapter.

5.5 Presorted Promise Time (PPT)

Whenever a prescription or refill is accepted at drop-off, the presorted promise time or PPT time is recorded on the bag. This is our goal time for completion and is equal to 15 minutes for patients waiting and 90 minutes for patients returning later. When the pharmacist does the final verification, the PPT time is recorded in the computer. You will learn more about PPT in the drop off chapter.

3. Methguard

Abuse of methamphetamine has risen sharply in the last few years. Unfortunately, it is very easy to illegally manufacture methamphetamine using commonly found household products. The major component in illegally produced methamphetamine is one of two ingredients commonly found in allergy and cold medications, Pseudoephedrine or Ephedrine. The production of illicit methamphetamine is not only illegal, it is also very dangerous. Toxic fumes are released during the production which can harm not only those involved in making methamphetamine, but any children or animals that are unfortunate enough to be nearby. The production is also highly flammable and since it is often illegally made in homes or apartments can result in an explosion or fire.

One of our responsibilities in pharmacy is to try and limit the sale of drugs for illegal or abusive use. We want to do our best to prevent the sale of our allergy and cold medications for use in making methamphetamine. We call our program Methguard.

3.1 Combat Methamphetamine Epidemic Act of 2005

In 2005, as part of the Patriot Act, the federal government passed the Combat Methamphetamine Epidemic Act. The purpose of the act is to limit the illegal manufacture of methamphetamine by limiting the ability of people to buy large amounts of the ingredients and educating those who sell potential methamphetamine ingredients. The most important points in the act as they apply to us in pharmacy are:

- Customers must be at least eighteen years of age to purchase products containing ingredients commonly used to illegally manufacture methamphetamine (pseudoephedrine or ephedrine containing products)
- All medications containing pseudoephedrine or ephedrine must be stored in an area where customers do not have direct access such as kept behind a counter or in a locked cabinet
- The amount of pseudoephedrine or ephedrine that may be sold to any one person in a single day or month must be monitored and limited
- People must show ID to purchase medications containing pseudoephedrine or ephedrine
- Each place that sells medications containing pseudoephedrine or ephedrine must keep a log of all purchases made for at least two years

Along with the information here, you will also have to take a computer based training class on methamphetamine that will help you understand the law and how we must act to make sure we are following it.



Examples of products containing

5. Medication Schedules

Different medications have different abuse potentials. The federal government has divided medications in different groups called schedules to make it easier to identify the abuse potential of different drugs. In general all drugs with an identified potential for addiction or abuse are called controlled substances, controls or scheduled drugs.

Scheduled drugs are also divided into categories one to five (usually listed with a roman numeral). The lower the schedule number, the higher the abuse potential. Schedule I drugs are not sold in pharmacies. Schedule II drugs are the medications sold in pharmacy with the highest abuse potential. They include Oxycontin, Morphine and Ritalin and are usually kept in a separate safe to increase security.

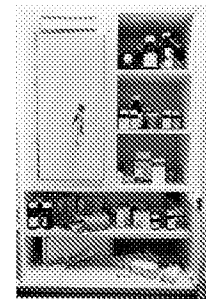
5.1 Schedule I

Schedule I medications are drugs with a high potential for abuse and no recognized medical usage. These drugs are only available with a special permit for studying the substances and will not be found in a pharmacy. Drugs listed as Schedule I include heroin, LSD and Quaaludes.

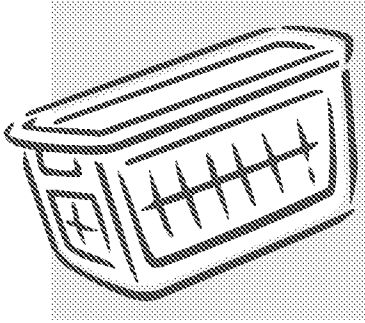
5.2 Schedule II

Schedule II medications are drugs with a high potential for abuse, but with a recognized medical usage or benefit. These drugs are often kept in a separate safe, but are also allowed by law to be dispersed throughout the pharmacy. Always check with the pharmacist before going into the safe or counting Schedule II medications. Schedule II medications must have either a running total or a monthly inventory to verify the correct amount is in stock or both. In addition, a special order form from the DEA called a form 222 must be used to order a Schedule II medication. The pharmacist should sign for and check in Schedule II medications when they arrive in an order. All paperwork about Schedule II medications and Schedule II prescriptions must be stored separately. Schedule II medications should be counted twice (double counted) before dispensing. Schedule II medications are often referred to as narcotics. Drugs listed as Schedule II include Oxycontin, Percocet, Ritalin and morphine.

Because of the high potential for abuse, prescriptions for schedule II medications have additional legal restrictions. Prescriptions must be from the doctor with the doctor's original signature. Phoned or faxed prescriptions are only acceptable in an emergency situation for a limited quantity and must be followed with a written prescription mailed to the pharmacy. No refills are allowed on schedule II prescriptions. No information can be changed or added on a schedule II medication including the prescription date, medication strength or directions.



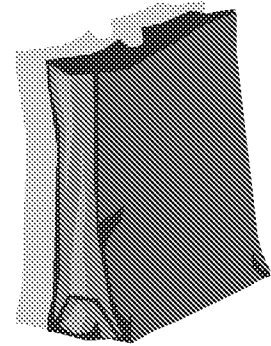
3. Organizing Work at Drop-off



It is very important to keep work organized at all times. The priority order to fill the prescriptions must be kept organized to keep wait times as short as possible. At the same time, all the prescriptions and other information for a patient must be kept together, but it must also be kept separate from any other patient's information. We use baskets to keep our work organized at drop-off.

3.1 Pre-sorted Promise Time (PPT) Organization

There are three baskets at drop-off. One basket is for waiting prescriptions, one basket is for prescriptions to be picked up later in the day and the third basket is for prescriptions to be picked up tomorrow or later. Pharmacy bags are used to separate the individual orders. Each pharmacy bag must be labeled with the patient's last name, number of scripts in the bag and promise time. Often, additional helpful information will be included as well such as if an insurance card is in the bag. When a prescription or refill is dropped off, it is determined when the order will be ready, and all information relating to the order is placed in the pharmacy bag (prescriptions, refill bottles, insurance cards, etc.). Refills bottles may be either have their numbers rewritten or placed directly in the bag. Insurance cards can be placed directly in the bag or copied and the copy placed in the bag instead of keeping the card. The bag is then placed at the bottom of the appropriate basket. The person at data entry always chooses the top bag in the basket.



The PPT time is standardized in stores. Waiting prescriptions are assigned a PPT time of 15 minutes from drop-off and later prescriptions are assigned to be completed 90 minutes from drop-off. Clocks set 15 minutes and 90 minutes fast are available at drop off to easily write the correct PPT time for each order. Sometimes due to extreme business or short staffing, the actual wait time is longer than the PPT time. When this occurs, the PPT time is written on the bag, but the customer is told the actual wait time. The wait time should be given with a completion time rather than a number of minutes. For example, if it is 12:45pm and the prescription will be ready in 15 minutes, the customer is told the prescription will be ready at 1:00pm. Most customers do not look at their watch when we give a wait time in number of minutes (i.e. 15 minutes) and will often come back early thinking they have waited the required time.